

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### REQUEST FOR VERIFICATION OF CERTIFICATION, REGISTRATION, OR ACCREDITATION FOR MUSIC, ART, OR DANCE THERAPIST

**APPLICANT:** Complete this section and forward to the organization where you are certified, registered, or accredited for completion. Form must be returned directly from the organization to the Department at the above address.

Last Name

First Name

MI

Former / Maiden Name(s)

**Address:** (number, street, city, zip code)

**Social Security #:** (voluntary-for school's use in locating your records)

 -  - 

**Daytime Phone Number:**

 -  - 

**Date of Birth:**

 /  / 

**Name on Certification records:** (if different from above)

**Credential Number**

 /  / 

**Applicant Signature**

**Date**

#### ATTENTION CERTIFYING BODY:

Please return verification directly to the Department at the above address. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [Dspscredoptometry@wi.gov](mailto:Dspscredoptometry@wi.gov).